

18698

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 6 1944

Registration District No. 2244

Primary Registration District No. 5804

Registrar's No. 32

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 1/2 MI. W. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 YRS. years, months or days

3. (a) PRINT FULL NAME LOU ELLA COOPER

3. (b) If veteran, ☒ name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced, 1 widowed
6. (b) Name of husband or wife JOHN COOPER 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased FEB 11, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 7 If less than one day hr. _____ min. _____

9. Birthplace ILL. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name (FIRST NAME N.K.) SMITHEY
13. Birthplace 9 (City, town, or county) (State or foreign country)
14. Maiden name MARY KATE ALVERSON
15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant Sergina Nemina
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof MAY 20, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEM.

18. (a) Signature of funeral director Speed of Blakely
(b) Address Paris, Missouri

19. (a) MAY 19, 1944 (b) Raymond Patton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0
(d) Street No. 4 1/2 MI. W. OF PARIS (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18 year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 28, 1939 to May 16, 1944; that I last saw her alive on May 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy and acute cardiac decompensation Duration 7K

Due to Chronic nephritis - Arteriosclerosis and complications of age

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131V

Major findings: Of operations _____

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Nellie S. Christman (If by name) 20
Address PARIS, Mo. Date signed 5-19-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1374

RECEIVED

District Health Officer No. 10

District File Number 6-44-1029

Date Filed JUN 5 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

W. B. Blakey

Licensed Embalmer No.

2614

P. O. Address

Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.